

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786440**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>cancel</i>					
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45	<i>cancel</i>					
46						
47						
48	<i>cancel</i>					
49						
50	1					
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	1					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	<i>cancel</i>					
52						
53						
54						
55	1					
56	1					
57						
58	<i>cancel</i>					
59						
60						
61	1					
62	1					
63						
64						
65	1					
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67	1					
68	<i>cancel</i>					
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100						
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	1					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS